

PART B - FEE(S) TRANSMITTAL

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7590 03/21/2006
Mark C Van Ness
Blakely Sokoloff Taylor & Zafman LLP
Seventh Floor
12400 Wilshire Blvd
06/20/2006 MAILING ADDRESS: CA 90000-030 09407008

01 FC:1501 1400.00 OP

JUN 23 2006
PTO-146
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<i>In Chung</i>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<i>6/21/06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/407,008	09/28/1999	RYAN N. JENSEN	245/189 <i>PAT 146 x4</i>	2174

TITLE OF INVENTION: COMMUNICATION PROTOCOL FOR SPREAD SPECTRUM WIRELESS COMMUNICATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, AJIT	2616	370-337000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 STUART A. WHITTINGTON
2 _____
3 _____

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Intel Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
- Publication Fee (No small entity discount permitted)
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- A check in the amount of the fee(s) is enclosed.
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- The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Caron H. Taylor

Date _____

6/20/06

Typed or printed name _____

Edwin H. Taylor

Registration No. 25,129

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